AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

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PATIENT'S FACT SHEET
MULTIPLE GESTATION AND MULTIFETAL PREGNANCY REDUCTION

Multiple gestation refers to a pregnancy in which two or more fetuses are present in the womb. In the general population, this occurs in approximately 1 to 2 percent of pregnancies. However, with the use of fertility drugs such as clomiphene citrate or gonadotropins, and high-tech procedures such as in vitro fertilization (IVF), multiple gestations are much more common. The vast majority of these pregnancies are twins, but triplets, quadruplets, and higher numbers can occur.

Fetal risks of multiple gestation include an increased chance of miscarriage, birth defects, premature birth, and the mental and/or physical problems that can result from a premature delivery. The average length of pregnancy is 39 weeks for a single gestation; 35 weeks for twins; 33 weeks for triplets; and 29 weeks for quadruplets. In general the risk of complications due to premature delivery is significantly less once the pregnancy reaches 32-34 weeks gestation.

Maternal risks due to multiple gestation include premature labor, premature delivery, pregnancy-induced high blood pressure or pre-eclampsia (toxemia), diabetes, and vaginal/uterine hemorrhage.

Multifetal pregnancy reduction is a technique that reduces the number of fetuses in an effort to increase the likelihood that the pregnancy will continue. Consequently, the risks to the mother and remaining fetuses are reduced. This procedure is more likely to be performed when there are four or more fetuses present. The number of fetuses is often reduced to two, although in some circumstances they may be reduced to one. Because triplets and twins generally do better than higher-order multiples, reduction in these cases is rarely recommended, although it may be considered under special circumstances.

Multifetal pregnancy reduction is usually performed between nine and 12 weeks gestation, but it has been performed as late as 24 weeks gestation. The procedure is most successful when performed early in the pregnancy. It is done on an outpatient basis by inserting a needle guided by ultrasound either through the abdomen or vagina to inject potassium chloride into the fetus. The incidence of miscarriage associated with this procedure is 4 to 5 percent. Premature labor occurs in about 75 percent of multifetal pregnancy reduction pregnancies. Miscarriage of the remaining fetuses and maternal infection rarely occur.

Dealing with the decision of whether or not to undergo multifetal pregnancy reduction can be a traumatic experience. Couples who have invested a great deal of time, money, and energy in pursuing pregnancy are often unprepared to make this decision. It is usually helpful for couples considering multi-fetal reduction to undergo professional counseling prior to undergoing the procedure. Both partners need to be comfortable with their decision and may need emotional support prior to and immediately following the procedure.